



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH

City of Hospital: Fort Wayne

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Ken Garmenn

Email Address: kenneth.garmenn@parkview.com

Medicare Provider Number: 150167

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$245834259
Outpatient Patient Service Revenue	\$183014108
Total Gross Patient Service Revenue	\$428848367

2. Deductions From Revenue

Contractual Allowance	\$285552849
Other Deductions	\$1429286
Total Deductions	\$286982135

3. Total Operating Revenue

Net Patient Service Revenue	\$141866232
Other Operating Revenue	\$2044726
Total Operating Revenue	\$143910958

4. Operating Expenses

Salaries and Wages	\$13614465	Employee Benefits	\$4475831
Depreciation and Amortization	\$2198104	Interest Expense	\$67775
Bad Debt	\$713976	Other Expenses	\$54677448
Total Operating Expenses	\$75747599		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$68163359	Total Assets	\$24145644
Net Non-operating Gains over Loss	\$10525	Total Liabilities	\$7466325

Total Net Gains	\$68173884
-----------------	------------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$209626851	\$178227970	\$31398881
Medicaid	\$36307108	\$28543479	\$7763629
Other Government	\$18298655	\$14623045	\$3675610
Other State	\$0	\$0	\$0
Other Payers	\$164615753	\$65587641	\$99028112
Total	\$428848367	\$286982135	\$141866232

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
--------------------------	-----

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$237836	
HCI Payments	\$0		
Subtotal	\$0	\$237836	\$-237836
Medicaid Shortfalls	\$6135969	\$6041576	
Subtotal	\$6135969	\$6279412	\$-143443
DSH Payments	\$0		
Subtotal	\$6135969	\$6279412	\$-143443
Medicare Shortfalls	\$31398881	\$34882333	
Other Government Programs	\$0	\$0	
Total	\$37534850	\$41161745	\$-3626895

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//